

**TAKE CHARGE – LOUISIANA FAMILY PLANNING MEDICAID PROGRAM****H-2200****H-2210 GENERAL INFORMATION**

**TAKE CHARGE** is the marketing name for the Medicaid Family Planning Program which has a benefit package limited to family planning services **only**. Medicaid covered services for **TAKE CHARGE** are limited to the following:

- Yearly physical examinations and revisits (**up to four (4) covered service visits in a calendar year by an approved medical professional**)
- Family Planning education and counseling
- Laboratory tests for Family Planning
- Medications and supplies (such as birth control pills, condoms, implants or patches, diaphragms, injections and IUD's)
- Voluntary sterilization procedures, such as tubal ligations

Eligibility requirements for **TAKE CHARGE**:

- woman between the ages of 19 – 44, and
- has family income, after the allowable deductions, at or below 200% of the federal poverty level, and
- has not previously had a medical procedure that would prevent pregnancy, such as tubal ligation or hysterectomy, **and**
- ***not eligible for any other Medicaid program, and***
- does not have creditable health insurance coverage that includes family planning services covered by the TAKE CHARGE Program.

**Note:**

To be considered for Take Charge...a signed application must be submitted. See H-2220.8 for information about renewals, women aging out of a C-related case, and pregnant women.

**H-2220 ELIGIBILITY DETERMINATION PROCESS**

Determine eligibility by applying the following criteria (beginning at H-2220.1). Elements have been listed in the most logical order, but work on all steps simultaneously.

**H-2220.1 Determine Assistance/Benefit Unit**

The assistance/benefit unit consists of the applicant/enrollee.

**H-2220.2 Establish Categorical Requirement**

Establish that the woman is between 19 and 44 years of age.

**H-2220.3 Establish Non-Financial Eligibility**

Verify eligibility with regard to the following factors:

- Assignment of Third Party Rights I-200
- Citizenship/Alien Status I-300
- Enumeration I-600
- Residence I-1900

***Existing sanctions must be upheld in determining Family Planning eligibility. Pregnant women are automatically granted Good Cause for not cooperating with SES due to their pregnancy. Referral to Support Enforcement Services is not an eligibility requirement for TAKE CHARGE. The applicant/enrollee must take steps to clear the sanction unless they request a Good Cause exemption.***

***TAKE CHARGE applicants/enrollees referrals to LaHIPP are not appropriate. However, if a sanction exists, it is necessary for action to be taken to clear the sanction.***

**H-2220.4 Establish Need****A. Determine Composition of the Income Unit**

The **TAKE CHARGE** income unit includes the following persons who live in the home:

- woman applying for coverage,
- woman's husband, if living in the home,
- woman's children under age 18

**B. Determine Need/Countable Income**

Step 1. Determine the income unit.

Step 2. Determine total gross earnings for each member of the income unit.

Step 3. Subtract the following deductions/exemptions from each members' gross earnings (Refer to I-1525, Treatment of Income):

- standard deduction, and
- dependent care cost for a child or incapacitated adult living in the home if this care is needed for the applicant or spouse to accept or continue employment. It is not necessary for the child or incapacitated adult to be a member of the assistance unit, but they must be a member of the income unit.

Step 4. Total the countable earned income.

Step 5. Determine total countable unearned income for each member of the income unit.

**H-2220.4 Continued**

Step 6. Add countable earned and unearned income of all members of the income unit to determine total income.

Step 7. Compare the total countable income to the appropriate income standard for the income unit size. Refer to Chart Z-200.

**H-2220.5 Eligibility Decision**

Evaluate all eligibility requirements and verifications received to make the eligibility decision to either reject/close, certify, or extend eligibility.

**H-2220.6 Certification Period**

Family Planning participants are eligible for continuous eligibility for twelve (12) months from the point of the latest certification or renewal, unless applicant/enrollee:

- moves out of state
- dies
- becomes pregnant
- becomes eligible for another full-benefit Medicaid program or
- obtains creditable health insurance and/or Medicare.

There is no provision for retroactive coverage. The twelve (12) month certification period shall begin with the month of application.

**H-2220.7 Notice of Decision**

Send the notice of decision, BHSF Form 18-FP, to the applicant/enrollee.

**H-2220.8 Renewals*****Eligibility Review for TAKE CHARGE***

Family Planning waiver eligibility is reviewed every 12 months. BHSF Form FP-Renew is mailed to the enrollee notifying that a renewal is due.

- ***Analysts are not required to obtain a signed form to “flip” or renew TAKE CHARGE cases. See note below.***
- ***Analysts are allowed to complete telephone renewals.***
- ***Ex-parte renewals with no contact with enrollee are not allowed for TAKE CHARGE.***

**Note:**

***Women aging out of all ‘C-related’ related cases (LIFC, MNP, LaCHIP) who are not eligible for any other full benefit Medicaid Program are to be considered for eligibility in TAKE CHARGE. A signed renewal form is required for women aging out of a ‘C-related’ related case if she was not already certified in her own name.***

Pregnant women who have completed their sixty day postpartum period and return the renewal form shall be screened for eligibility for full benefit Medicaid programs. If not eligible in any category of full benefit Medicaid assistance, ***they can be considered for TAKE CHARGE, but contact with the household must be made to determine if they meet eligibility requirements. If eligible, they*** will be approved for twelve (12) months coverage through **TAKE CHARGE**. No further information is needed and no budget is required in MEDS for these cases.

***Processing Renewals******Analysts should:***

- ***Look at data and check for accuracy in all available systems: LDET, L’AMI, SOLQ, the WORK NUMBER, etc.,***

**H-2220.8** Continued

- *follow up with the applicants/enrollees to receive verbal confirmation that information is still correct and*
- *document the ECR Case Activity Log.*

**Renewal Eligibility Decision**

If eligibility is extended, BHSF Form 18-R is sent to the enrollee. If eligibility is not extended, Advance Notice, BHSF Form 19-FP, is to be sent advising the enrollee of the action.